

Welcoming global progress in achieving heart health



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doi: 10.5694/mja14.c0505

In 1887 at the Royal Society in London, physiologist Augustus Desiré Waller demonstrated a faint electrical signal, like the ping from a lost plane's black box, but from the heart of a dog, using a mirror galvanometer — the first electrocardiograph (front cover). We have come so far, but have so far yet to travel.

This week, Melbourne hosts the World Congress of Cardiology, a gathering of scientists and clinicians organised by the World Heart Federation and co-hosted by the Cardiac Society of Australia and New Zealand and the National Heart Foundation of Australia. The line-up of speakers is luminous and every conceivable aspect of cardiology, from arrhythmias to global prevention policy, is covered in its 150 scientific sessions. I attended a previous meeting, in Barcelona in 2006, along with at least 32 499 others! Sydney, by contrast, attracted only 9000 attendees in 2002 — but I hear a whisper from beside the Yarra: "That's Sydney for you!"

The World Heart Federation was a major contributor to the advocacy that led the United Nations to convene a high-level meeting on non-communicable disease in 2011, with far-reaching consequences. With increasing prosperity come the diseases that reflect our lack of evolutionary adaptation to an obesogenic, salt-overloaded environment, worsened by tobacco smoking. The challenge for heart disease prevention lies in countering the patterns of middle-aged mortality that terrified us in the 1950s and '60s and are now afflicting economically emerging nations. Global health, true to its name, faces a challenge from non-communicable disease, of which heart disease is paramount, that knows no national boundaries. In this issue, eminent West Australian cardiologist Thompson explores the challenges (*page 434*). He notes impressive gains in cardiovascular health in Australia, a consequence of health promotion activities, tobacco control measures and vastly improved clinical care, but cautions about rising obesity rates. Australia can contribute to reducing the cardiovascular disease burden by analysing our experience for critical application in other countries.

Controversy swirls around the best ways to prevent and manage cardiovascular disease. Hamilton-Craig, a

preventive cardiologist from Queensland, enumerates the real (as opposed to imaginary) concerns, as well as the benefits of statin use (*page 440*). As our understanding of dementia increases, cardiovascular causes assume greater prominence, adding weight to the argument for effective prevention and treatment, especially for hypertension. Research by Li and colleagues (*page 465*) into the prevalence of dementia in the Northern Territory and an accompanying editorial by psychiatrist Parker (*page 435*) remind us that dementia, like heart disease, is not limited to highly affluent communities. The NT study found dementia occurs at a much higher rate overall, and in younger age groups, in Indigenous than in non-Indigenous populations. How good it would be if dementia eventually proved to be as tractable to medical treatment as hypertension.

While regional differences in outcomes of out-of-hospital cardiac arrests have been examined internationally, few studies have explored the impact of population density. Nehme and colleagues from Victoria (*page 471*) look beyond geography and find that, after adjusting for age, response time and the arrest being witnessed by a bystander, population density is associated with survival. The explanation for this remains speculative.

Moving beyond cardiac disease, the global non-communicable disease discourse has gathered momentum in the past decade. Mental health is also receiving more recognition. At the 65th World Health Assembly in 2012, an agenda item was titled *Global burden of mental disorders and the need for a comprehensive, coordinated response from health and social sectors at the country level*. Progress in Australia is slow but has increased, and Hickie, one of the champions for reform, and his colleagues suggest national priorities for accelerating this shift towards a high-quality mental health and social services system (*page 445*).

We are gradually adjusting to a new global order in health in which non-communicable diseases have pushed their way up the agenda of importance. We can take hope from our achievements in cardiovascular disease control, through both prevention and treatment, which set fine examples. □